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Fill in this information to identify	your case:						
Jennifer Lee Sal	dicco						
First Name	Middle Name	Last Name		-			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		_			
United States Bankruptcy Court for the:	Southern District of New Y	ork					
Case number22-35375		,		Check if t	his is:		
(If known)				An an	nended filing		
					plement showing postpetition chapter 13 e as of the following date:		
Official Form 106I					DD / YYYY		
Schedule I: You	r Income			/ .	12/15		
supplying correct information. If yo	ou are married and not filingse is not filingse with you, of top of any additional pag	ng jointly, and yo lo not include info	ur spo ormat	ouse is living with ion about your spo	or 2), both are equally responsible for you, include information about your spouse. use. If more space is needed, attach a known). Answer every question.		
1. Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse		
If you have more than one job, attach a separate page with information about additional	Employment status Employed			✓ Employed			
employers.		☐ Not employe	ed		☐ Not employed		
Include part-time, seasonal, or self-employed work.		Teacher's A	ide		Teacher		
Occupation may include student or homemaker, if it applies.	Occupation	Brewster Central School District		I School District	Carmel Central School District		
	Employer's name						
	Employer's address	30 Farm to	Mark	et Road	81 South Street		
		Number Street			Number Street P.O. Box 296		
					1.0. Box 200		
		Brewster, N	Y 10		Patterson, NY 12563 City State ZIP Code		
	How long employed the	,			3 years		
Part 2: Give Details About	Monthly Income						
spouse unless you are separated. If you or your non-filing spouse ha	ave more than one employe	r, combine the info	•		rite \$0 in the space. Include your non-filing for that person on the lines		
below. If you need more space, a	ttach a separate sheet to th	is form.					
				For Debtor 1	For Debtor 2 or non-filing spouse		
List monthly gross wages, saladeductions). If not paid monthly,			2.	\$_2,033.66	<u>\$11,458.10</u>		
3. Estimate and list monthly over	time pay.		3.	+\$0.00	+ \$0.00		
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$_2,033.66	\$ <u>11,458.10</u>		

Official Form 106l Schedule I: Your Income page 1

Debtor 1

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			Fo	r Debtor 1			ebtor 2 or ling spouse				
	Copy line 4 here	→ 4.	\$	2,033.66		\$	11,458.10				
	ist all payroll deductions:										
	5a. Tax, Medicare, and Social Security deductions	5a.	\$_	255.78		\$	2,727.40				
	5b. Mandatory contributions for retirement plans	5b.	\$_	0.00		\$	0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$_	0.00		\$	0.00				
	5d. Required repayments of retirement fund loans	5d.	\$_	0.00		\$	0.00				
	5e. Insurance	5e.	\$_	0.00		\$	410.04				
	5f. Domestic support obligations	5f.	\$_	0.00		\$	0.00				
	5g. Union dues	5g.	\$_	0.00		\$	63.94				
	5h. Other deductions. Specify: ERS, VOTE/C	5h.	+\$_	73.22		+ \$	22.00				
	TSA - METR (403B Plan)		\$_			\$	200.00				
	TRSLN (Loan against pension)		\$_			\$	546.00				
			\$_			\$					
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$_	329.00		\$	3,969.38				
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,704.66		\$	7,488.72				
8.	List all other income regularly received:										
	8a. Net income from rental property and from operating a business, profession, or farm										
	Attach a statement for each property and business showing gross										
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00		\$	0.00				
	8b. Interest and dividends	8b.	\$	0.00		\$	0.00				
	8c. Family support payments that you, a non-filing spouse, or a depende	ent	_								
	regularly receive Include alimony, spousal support, child support, maintenance, divorce			0.00			0.00				
	settlement, and property settlement.	8c.	\$_			\$	0.00				
	8d. Unemployment compensation	8d.	\$_	0.00		\$	0.00				
	8e. Social Security	8e.	\$_	0.00		\$	0.00				
	8f. Other government assistance that you regularly receive										
	Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental	nce									
	Nutrition Assistance Program) or housing subsidies.		•	0.00		•	0.00				
	Specify:	8f.	ֆ_			\$	· · · · · · · · · · · · · · · · · · ·				
	8g. Pension or retirement income	8g.	\$_	0.00		\$	0.00				
	8h. Other monthly income. Specify:	8h.	+ \$_	0.00		+\$	0.00				
9.	Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00		\$	0.00	1			
	•							╡	_		
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	1,704.66	+	\$	7,488.72	=	\$	9,193	3.38
	• •							J	<u></u>		
	State all other regular contributions to the expenses that you list in <i>Sche</i> Include contributions from an unmarried partner, members of your household,			tente vour roo	mm	ates a	nd other				
	friends or relatives.	your u	ерепс	ienis, your roc	,,,,,,	aics, a	na otner				
	Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailabl	e to pay expe	nses	slisted	in <i>Schedule J</i> .				
	Specify:						11	. +	\$		
12.	Add the amount in the last column of line 10 to the amount in line 11. The					-	me.			9,193	38
	Write that amount on the Summary of Your Assets and Liabilities and Certain	Statist	ical In	formation, if it	арр	lies	12	•	\$ <u></u>		
										nbined nthly in	come
13.	Do you expect an increase or decrease within the year after you file this ${\color{red} \overline{\hspace*{-0.05cm} \hspace*{-0.05cm} \hspace*{-0.05cm} \hspace*{-0.05cm} \hspace*{-0.05cm}} No.$	form?	•								
	☐ Yes. Explain:										

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		Fy S	5 01 0			
Fill in this infor	mation to identify y	our case:				
Dahtard Je	nnifer Lee Saldicco					
Debtor 1 Firs	st Name	Middle Name Last Name	Check if this	s is:		
Debtor 2 (Spouse, if filing) Firs	st Name	Middle Name Last Name	———	nded fi	ling	
		Southern District of New York				etition chapter 13
2:	2-35375	(S	tate) expense	s as o	f the following	date:
Case number (If known)			MM / DD /	/ YYYY		
Official Fo	rm 106J					
Schedu	le J: You	ır Expenses				12/15
information. If m		ssible. If two married people are filingly, attach another sheet to this form		-		-
Part 1: Des	scribe Your Hous	ehold				
No	line 2. Debtor 2 live in a se	parate household? Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.			
2. Do you have d	_	No	Dependent's relationship to		Dependent's	Does dependent live
Do not list Debt Debtor 2.	or 1 and	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2		age	with you?
Do not state the names.	e dependents'		Son	- - - -	12	No Yes
	ses include eople other than our dependents?	V No □ Yes				
Part 2: Estin	nate Your Ongoin	g Monthly Expenses				
expenses as of a applicable date.	date after the bank	cankruptcy filing date unless you a cruptcy is filed. If this is a supplement cash government assistance if you	ental Schedule J, check the box		top of the form	n and fill in the
such assistance	and have included	it on Schedule I: Your Income (Offic	cial Form 106l.)		Your expen	nses
	home ownership ex e ground or lot.	xpenses for your residence. Include	first mortgage payments and	4.	\$	1,811.00
If not include	d in line 4:					0.00
4a. Real esta	ate taxes			4a.	\$	0.00
4b. Property	, homeowner's, or re	nter's insurance		4b.	\$	0.00
4c. Home ma	aintenance, repair, a	nd upkeep expenses		4c.	\$	50.00
4d. Homeow	ner's association or	condominium dues		4d.	\$	0.00

4d.

4d. Homeowner's association or condominium dues

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Debtor 1

Jennifer Lee Saldicco irst Name Middle Name Last Name Case number (if known) 22-35375

		Your expens	ses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	400.00
6b. Water, sewer, garbage collection	6b.	\$	25.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	458.00
6d. Other. Specify:	6d.	\$	0.00
7. Food and housekeeping supplies	7.	\$	1,000.00
3. Childcare and children's education costs	8.	\$	320.00
9. Clothing, laundry, and dry cleaning	9.	\$	
). Personal care products and services	10.	\$	
Medical and dental expenses	11.	\$	
2. Transportation. Include gas, maintenance, bus or train fare.		s	900.00
Do not include car payments.	12.	Ψ	
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
4. Charitable contributions and religious donations	14.	\$	0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 			
15a. Life insurance	15a.	\$	213.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	213.00
15d. Other insurance. Specify: Pet insurance	15d.	\$	65.00
S. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
7. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	580.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
9. Other payments you make to support others who do not live with you.			
Specify:	19.	\$	0.00
0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco	me.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Jennifer Lee Saldicco Debtor 1			Case number (if known)						
	First Name	Middle Name	Last Name			,			
21. Othe	er. Specify: There	apy/Wellness				21.	+\$	225.00	
Chiroprac	ctor					۷۱.	+\$	80.00	
Non filing	spouse's credit	car payment					+\$	230.00	
22. Calc	culate your mon	thly expenses							
22a.	Add lines 4 throu	ıgh 21.				22a.	\$	7,030.00	
22b.	Copy line 22 (mo	onthly expenses	for Debtor 2), if any,	from Official Form 106J-2 22	2c. Add line 22a	22b.	\$		
and 2	22b. The result is	your monthly e	xpenses.			22c.	\$	7,030.00	
0 !									
	Copy line 12 (vo	•	onthly income) from s	Schedule I		23a.	\$	9,193.38	
			om line 22c above.	scriedate 1.		23b.	- \$	7,030.00	
			from your monthly i	ncome			·	0.100.00	
200.	The result is you		-			23c.	\$	2,163.38	
o. D					Sile dele Servico				
_	-			es within the year after you					
				an within the year or do you e					
		ncrease or deci	ease because of a fi	nodification to the terms of yo	our mongage?				
✓ No									
☐ Ye	es. Explain he	ere:							

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Fill in this information to identify your case:						
Debtor 1	Jennifer Lee	Saldicco				
_	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Sankruptcy Court for 22-35375	r the Southern District of No	ew York			
(If known)						

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NO	T an attorney to help you fill out bankruptcy forms?
☑ No	
☐ Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have reathat they are true and correct.	ad the summary and schedules filed with this declaration and
✗ /s/ Jennifer Lee Saldicco	×
Signature of Debtor 1	Signature of Debtor 2
Date 10/14/2022 MM / DD / YYYY	Date